

SPECIAL ACCOMMODATION REQUEST FORM

CANDIDATE DETAILS					
FULL NAME:					
SPECIALTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"></td> <td style="width: 30%; padding: 5px;">EXAM YEAR:</td> </tr> </table>		EXAM YEAR:		
	EXAM YEAR:				
REQUEST FOR ACCOMMODATION					
<p>ACCOMMODATION(S) REQUESTED:</p> <p><u>Instructions:</u> 1. List the accommodation(s) that you are requesting.</p> <p>2. Attach additional pages for extra space, IF required.</p>					
<p>REASON(S) FOR ACCOMMODATION:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Medical condition</td> <td><input type="checkbox"/> Disability</td> </tr> <tr> <td><input type="checkbox"/> Religious</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Disability	<input type="checkbox"/> Religious	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical condition	<input type="checkbox"/> Disability				
<input type="checkbox"/> Religious	<input type="checkbox"/> Other: _____				
<p>SUPPORTING DOCUMENTATION:</p> <p><u>Instructions:</u> 1. List supporting documentation enclosed as part of your request. Enclosures must support reason(s) for accommodation above.</p>					

I hereby certify to the best of my information, knowledge and belief that all information provided in this form, as well as any attachments is accurate.

CANDIDATE SIGNATURE

DATE

FOR OFFICE USE ONLY

DATE(S) OF RECEPTION:	Request form _____	Supporting documentation _____	
VERIFICATION:	Reason for accommodation provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Comments:</i> _____		
ACCOMMODATIONS GRANTED:	Appropriate supporting documentation submitted	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Comments:</i> _____		
Instructions: 1. List the accommodation(s) that have been granted.	_____ DATE		
	_____ DATE		
	_____ DATE		
	_____ DATE		
CANDIDATE ACKNOWLEDGEMENT			
Instructions: 1. Indicate whether you accept the approved accommodations listed above.	I accept the special accommodations listed above.		
	_____	_____	
	CANDIDATE	DATE	